

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME Clark Blanchard			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Director of Advance			CB/ID NUMBER			DIVISION OR BUREAU Advance		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY Sacramento			STATE CA			ZIP 95814		

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
07-Jan	530a-5p	Sac/LA/Sac		6.00				317.40	Air	9.00	24 10.68		343.08
13-Jan	6:00 AM	Sac/Eureka	92.40	6.00		18.00					300 133.50		249.90
14-Jan	6 30 PM	Eureka/Sac			7.41		6.00				295 131.28		144.69
											0.00		0.00
											0.00		0.00
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											0.00		0.00
SUBTOTALS			92.40	12.00	7.41	18.00	6.00	317.40	0.00	9.00	619 275.46	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												731.67	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

07-Jan: Advance for Governor's visit to Rosa Parks Middle School for Race to the Top bill signing event.

13-14-Jan: Advance for Governor's visit to Eureka to announce his declaration of emergency in regards to the earthquake.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

SPGJ014

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240856

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

TE

1.15.10

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

1/22/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE